




PAYMENT AUTHORIZATION FORM

You are our:	<input type="checkbox"/> Customer <input type="checkbox"/> Agent		
Name of Card Member			
Agent Account No. <i>(if applicable)</i>		FLAS Payment No. <i>(if applicable)</i>	
Policy No.		Vehicle Registration No. <i>(if applicable)</i>	
Premium Amount (RM)		Mobile Contact No.	
Payment Details Listing <i>(if any)</i>	<input type="checkbox"/> Yes <i>(If "Yes", please provide details in Appendix 1)</i> <input type="checkbox"/> No		
Payment Type	<input type="checkbox"/> Credit Card <input type="checkbox"/> Debit Card		
Issuing Bank			
Card Type	Please charge my Visa/ Master Cards/ AMEX as I have indicated below: <i>(Tick one)</i> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <input type="checkbox"/>  </div> <div style="text-align: center;"> <input type="checkbox"/>  </div> <div style="text-align: center;"> <input type="checkbox"/>  </div> </div>		
Credit Card/ Debit Card No. <i>*Debit Card is allowed for Applicable for Customer of Etiqa Online ONLY</i>	<div style="display: flex; justify-content: space-between;"> □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ </div>		
Card Expiry Date <i>(MM/YY)</i>	<div style="display: flex; justify-content: space-between;"> □ □ / □ □ </div>		
<p>I hereby authorize Etiqa General Insurance Berhad (EGIB) to charge my premium with EGIB to my MASTERCARD/ VISA/ AMEX account. I understand that if EGIB failed to charge to my MASTERCARD/ VISA/ AMEX account for whatever reason, I will be notified by EGIB and will make necessary outstanding payment of premium in other mode of payment within the grace period stipulated in the provision of Policy Contract. I have the option to cancel this payment instruction by giving thirty (30) days to EGIB.</p>			
Signature of Card Holder	Date <i>(dd/mm/yyyy)</i>		